

15	Health		
KDE Contact (Data Steward)	Cheri Meadows, Lori Davis	Updated	07/11/13
Description	Health services delivered to students while they are in school are recorded in the Health tab.		
Data Standard Reg sites, data use, etc.	<p><i>KRS 156.502 describes health services to be the provision of direct health care including the administration of medication, the operation, maintenance, or health care through the use of medical equipment or the administration of clinical procedures. To facilitate reducing barriers to learning (KRS 158.6451 (1)(e), all chronic health conditions documented by a medical provider and noted on the student's health information card should be entered.</i></p> <p>KRS 158.037 and 902 KAR 2:055 - <i>Immunizations</i></p> <p>702 KAR 1:160– <i>Vision Examination and Screening and Hearing Screening</i></p>		
How is data used	<ul style="list-style-type: none"> • The Kentucky Department of Education collects annual data on current immunizations, health conditions and physical exams. • Data Sharing between systems – P20 		
Noted Changes for current year	Scoliosis screening not required as of the 2012-13 school year. Also, please note that KDE no longer requires entry of individual shot data for students, though districts are free to continue to enter the information.		
Available Ad-Hoc & Reports	Path: Health Reports Health Condition Alerts Student Health Immunizations Student Health Screenings		
Available Training	ICU: KYBOY 1143 2013-14 Beginning of Year Processes		

15A	Conditions and Alerts
Campus Path:	Student Information Health Conditions Tab

Health Conditions

Enter all students with a documented chronic disease under the appropriate health condition code. Use the Description Search to locate the Health Condition/ICD-9 Code. Choose from the drop down menu the Health Condition for student. 'Other' should not be chosen.

Health Condition

Code Search

***Code**

***Start Date**

***Status**

Doctor Name

Flag

☐

User Warning

Instructions

Comments

Description Search

***Description**

End Date

***Initials**

Doctor Phone

Start Date: Enter start date in which student was diagnosed with this condition.

Status: Select the status of the condition:

- Not Resolved
- Resolved
- Unknown

Initials: Enter initials of user entering condition

Health Alerts

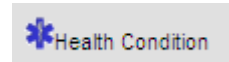
Health alerts are non-scheduled emergency medical actions that must be administered should a life-threatening event occur. (Example: Glucagon for a very low blood sugar)

Flag

Check this box for medical conditions that will require an emergency action if it occurred. These conditions

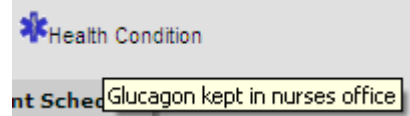
Health Data Standard

would be seen as life threatening and need immediate attention, i.e., Glucagon for a student with diabetes receiving insulin and may experience very low blood sugar. Checking the box will create this flag on student's screen:



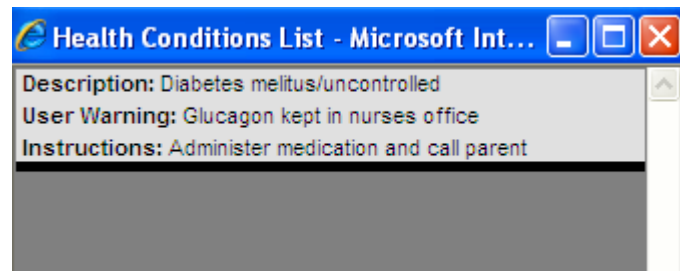
User Warning:

Enter brief emergency information relating to the student's health condition and treatment that will display when user hovers over alert symbol. (Example: Glucagon kept in nurse's office)






Instructions:

Enter further details regarding emergency treatment procedures required and locations of medication. (Example: Administer medication and call parent). These instructions will be visible when clicking on the alert symbol.



15B	Immunizations
Campus Path:	Student Information Health Immunizations Tab

Required by KDE for Initial Entry and students entering Grade 6.

Immunization Certificate
 Date  Expiration  Type 

Date: Enter the date signed by local health care provider.

Expiration: Enter the expiration date of the certificate submitted. If religious exemption is checked, no expiration date is required.

Type: Select from the dropdown menu the type of certificate provided

- Provisional
- Standard
- Medical
- Religious


Note: If Medical Type chosen, user must specify the Medical waiver under the immunization that is applicable.

NOT required by KDE:
KDE does not require the entry of individual shot dates.

Other considerations: All Kentucky schools will be asked to complete a paper immunization survey through their local health department each year as required by the **Kentucky Department of Public Health** (KRS 158.037 and 902 KAR 2:055). To assist with completing this survey, schools may enter the data for the immunizations listed below.

Note: All combination shots must be entered separately for each required immunization. For example, Pediatrx is a combination shot containing DTaP, Hep B and Polio. If Pediatrx is given, dates must be separately entered for each of three required immunizations.

Diphtheria, Tetanus, Pertussis (DT, DTaP, DTP)

☒ **Diphtheria-tetanus-pertussis, combined [DTaP, DTP]**
 Shots
 Waiver 
 Date:
 Expires:

Waiver: Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

Tdap (Tetanus, Diptheria and Acellular Pertussis)

Tetanus, Diphtheria and Acellular Pertussis [Tdap]	
Shots	<input type="text"/> <input type="text"/>
Waiver	<input type="text"/> ▼
Date:	<input type="text"/>
Expires:	<input type="text"/>

Waiver: Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

TD Booster (Adult Td Vaccine, Boostrix)

Note: To be used only if student cannot receive Pertussis vaccine.

Tetanus-diphtheria [Td]	
Shots	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Waiver	<input type="text"/> ▼
Date:	<input type="text"/>
Expires:	<input type="text"/>

Waiver: Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

Polio (OPV or IPV)

Polio [IPV, OPV]	
Shots	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Waiver	<input type="text"/> ▼
Date:	<input type="text"/>
Expires:	<input type="text"/>

Waiver: Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

Meningococcal (Requirement for 6th grade entry)

Meningococcal	
Shots	<input type="text"/> <input type="text"/>
Waiver	<input type="text"/> ▼
Date:	<input type="text"/>
Expires:	<input type="text"/>

Waiver: Select from the dropdown menu the type of waiver for this immunization, if applicable

- Medical
- Religious

Measles, Mumps, Rubella or measles containing vaccine (MMR), Measles, Mumps, Rubella and Varicella (MMRV) or ProQuad

Measles-Mumps Rubella [MMR]			
Shots	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waiver	<input type="text" value="▼"/>		
Date:	<input type="text"/>		
Expires:	<input type="text"/>		

Waiver: Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

Hepatitis B

Hepatitis B [Hep B]			
Shots	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waiver	<input type="text" value="▼"/>		
Date:	<input type="text"/>		
Expires:	<input type="text"/>		

Waiver: Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

Varicella (chicken pox vaccine)

Varicella			
Shots	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waiver	<input type="text" value="▼"/>		
Date:	<input type="text"/>		
Expires:	<input type="text"/>		

Waiver: Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious
- Hx/Dis – Select if student has had the chicken pox – No Vaccine Required

15C	Screenings
Campus Path:	Student Information Health Screenings Tab

Select the Screening Type

Screening Detail

***Date**

07/02/2012

Comments

***Type**

▼

Early Childhood
 Health Appraisal
 Tuberculosis
 Sports Physical
 Child & Teen Checkup
 Placement
 Height/Weight
 Re Screen
 Vision
 Hearing
 Vision/Hearing
 Dental
 Scoliosis
 Other

Date: Enter date of screening

Type: Select the required KY screening

- Child and Teen Checkup (Physical Exam) (Early Childhood Exam may also be used for the Initial Entry Physical Exam requirement)
- Vision (Exam and Screening)
- Hearing
- Dental Exam or Dental Screening

Child and Teen Checkup (Physical Exam) - required for Initial Entry and 6th Grade

Child and Teen Checkup

Date of Exam

Type

▼

Location

▼

Status

▼

Healthcare

▼

Date of Exam: Enter the date on the student's form. If a student is entering kindergarten with a preschool or Head Start physical, that initial screening date may be used even if more than one year prior to kindergarten enrollment.

Type: Select from drop down menu

- I: Initial Entry
- 6: 6th Grader

Vision Exam - required for Initial Entry to school, must be completed before January 1 of current school year.

Vision		
Date	Status	Test Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Acuity R	Acuity L	Cor Lens
20/ <input type="text"/>	20/ <input type="text"/>	<input type="text"/>
Color Vision	Cover Test	External Inspection
<input type="text"/>	<input type="text"/>	<input type="text"/>
Corneal Reflex	Referral Date	
<input type="text"/>	<input type="text"/>	

Date: Enter the *Vision Exam* date

Type: Select *Vision Exam* from the 'Test Type' drop down menu

Vision Screening —for students after Initial Entry. Districts determine which grades will be screened per 702 KAR 1:160.

Vision		
Date	Status	Test Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Acuity R	Acuity L	Cor Lens
20/ <input type="text"/>	20/ <input type="text"/>	<input type="text"/>
Color Vision	Cover Test	External Inspection
<input type="text"/>	<input type="text"/>	<input type="text"/>
Corneal Reflex	Referral Date	
<input type="text"/>	<input type="text"/>	

Date: Enter the Vision Screening date

Type: Select *Vision Screening* from the 'Test Type' drop down menu

Status: Select results of *Vision Screening* from drop down menu

- P: Passed
- F: Failed
- C: Cannot test
- R: Refused

Referral Date: Date in which notice sent to parent that student failed the vision screening and needs to be seen by a doctor.

Hearing Screening –required for students. Districts determine which grades will be screened per 702 KAR 1:160.

Hearing									
Date		Status		Otoacoustic Emissions				Type	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
250 R	500 R	1000 R	2000 R	4000 R	6000 R	8000 R	Tympanometry R	Otoscopic R	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
250 L	500 L	1000 L	2000 L	4000 L	6000 L	8000 L	Tympanometry L	Otoscopic L	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type

O: Original
 OE: Outside Exam
 RS: Re-Screen
 R: Referral
 SE: Special Ed Exam

Date: Enter the Hearing Screening date

Type: Select Original from drop down menu

Status: Select results of hearing screening from drop down menu

- P: Passed
- F: Failed
- C: Cannot test
- R: Refused

Hearing Re-screening – districts determine when re-screening will occur

Hearing									
Date		Status		Otoacoustic Emissions				Type	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
250 R	500 R	1000 R	2000 R	4000 R	6000 R	8000 R	Tympanometry R	Otoscopic R	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
250 L	500 L	1000 L	2000 L	4000 L	6000 L	8000 L	Tympanometry L	Otoscopic L	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date: Enter the date of hearing re-screening

Type: Select Re-Screen from drop down menu

Status: Select results of hearing re-screening from drop down menu; passed, failed, cannot test or refused

Note: If a student fails a hearing screening or re-screen, then a Referral needs to be made. Data requirements:

Date: Enter the date referral was made

Type: Select Referral from drop down menu

Dental Screening or Exam -Required for students aged five (5) or six (6) who enroll in a public school. Proof of a dental screening or exam is required no later than January 1st of the first year of enrollment in a KY school.

The screenshot shows a form titled "Dental" with the following fields and controls:

- Date:** A text input field with a calendar icon.
- Dental Sealants Present:** A dropdown menu.
- Caries History:** A dropdown menu.
- Untreated Caries:** A dropdown menu.
- Soft Tissue Pathology:** A dropdown menu.
- Malocclusion:** A dropdown menu.
- Urgent Treatment:** A dropdown menu.
- Restorative Care:** A dropdown menu.
- Preventative Care:** A dropdown menu.
- Dental Other:** A text input field.
- Dental Waiver Date:** A text input field with a calendar icon.
- Dental Waiver Reason:** A dropdown menu.
- Test Type:** A dropdown menu.
- Referral Date:** A text input field with a calendar icon.

To the right of the form, a separate dropdown menu for "Test Type" is shown, with the following options:

- E: Dental Exam
- S: Dental Screening

In the Dental fields, enter the following:

Date: Enter the date of the dental screening or exam

Test Type: Select Dental Exam or Dental Screening from drop down menu

Referral Date: Enter the date a referral was sent home to the parent/guardian

15D	Body Mass Index (BMI) Data
Campus Path:	Student Information Health Screenings

BMI Data Entry

Body Mass Index data is not a required data entry (702 KAR 1:160). However, KDE recommends that school districts enter student BMI data as part of their district's wellness program.

To enter BMI data:

1. Select Screening Tab
2. On Screening Detail: Enter Date of screening
3. On Screening Detail: Select Appropriate Type (i.e. Early Childhood, Child & Teen Check-up or Health Appraisal)
4. In Height/Weight and Vital Signs and enter Date, Height and Weight.

BMI and BMI Percentile will automatically calculate when a student's height and weight are entered.

The screenshot shows the 'Screenings' tab selected in the top navigation bar. Below the navigation bar, there are icons for Save, Delete, New, and Print. The 'Screening History' table shows one entry: 'Early Childhood' on '12/17/2007'. The 'Screening Detail' section has a 'Date' field with '12/17/2007' and a '*Type' dropdown menu with 'Early Childhood' selected. The 'Height/Weight and Vital Signs' section is expanded, showing fields for Date, Height (40 inches), Weight (45 lbs), BMI (19.772), and BMI Percentile (97%). Other fields for Blood Pressure, Pulse, and Respiration are also visible.